

asked to complete each assessment two days apart. The analyses tested for mean differences (repeated measures ANOVA) and reliability (intraclass correlation coefficient [ICC]) to assess measurement stability over time. Equivalence of the means was established if the 95% confidence interval (CI) of the mean difference was within the minimally important difference (MID) interval: -0.035 to $.035$ for the index and -3 to 3 for the EQ VAS. Adequacy of the ICC was established by comparing the ICC 95% lower CI with a critical value of 0.70. **RESULTS:** The per protocol analysis included 109 subjects for the EQ VAS and 113 subjects for the index. For the EQ-5D index, the means (SD) of the paper and IVR administrations were 0.790 (0.172) and 0.800 (0.180), respectively. The 95% CI of the mean difference was -0.024 to 0.006 , which was within the equivalence interval. The ICC was 0.894 (95% lower CI 0.857), significantly different from 0.70. For the EQ VAS, the means (SD) were 72.0 (19.7) for paper and 74.1 (19.8) for IVR. The 95% CI of the mean difference was -3.784 to -0.484 , partially within the equivalence interval. The ICC was 0.897 (95% lower CI 0.859) also significantly different from 0.70. **CONCLUSIONS:** This analysis provides evidence that the EQ-5D scores on the IVR version were equivalent to those obtained on the original paper version.

PCN83

PERFORMANCE AND ADEQUACY OF PATIENT-PERSPECTIVE CRITERIA IN THE ASSESSMENT OF TEST-RETEST RELIABILITY: THE CASE OF THE PERFORM QUESTIONNAIRE

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OBJECTIVES: Cancer-related fatigue (crF) is a frequently reported complaint in cancer patients and survivors. The Perform Questionnaire (PQ) is a recently validated 12-item scale to assess perceptions and beliefs about crF throughout the dimensions 'Physical limitations', 'Activities of daily living', 'Beliefs and attitudes'. This study aims to explore the performance of different ways for identifying stable patients in the assessment of test-retest reliability. **METHODS:** Patients with a moderate level of crF participated in an observational and longitudinal multi-centre. PQ and a 100 mm horizontal visual analogue scale for fatigue intensity (VAS) were administered at inclusion and 3 months later. Stability concerning crF was defined as either: 1) absence of self-reported health change, using a standard self-administered health status item (HSI) at the second visit on a Likert-type ordinal scale with 13 response options, or 2) Fatigue VAS score change between visits <5 mm. Test-retest reliability (Intraclass correlation coefficient, ICC) was assessed for the PQ overall and for the three dimension scores, using each method 1 and 2. **RESULTS:** Baseline sample characteristics ($n = 437$) were: 60.5% women, mean age 59.1 years, an average of 2.21 years since diagnosis, 33.6% breast cancer, 54.7% with metastasis, Karnofsky mean score 80.9, and 29.1% with anaemia. ICC values obtained using the method 1 ($n = 58$) didn't reach the standard value recommended (0.70) for the overall (0.68) neither the dimension scores (0.52–0.68), while ICC values obtained using the method 2 ($n = 64$) were satisfactory and reached the standards accepted for this psychometric property assessment (0.83 for the overall score and ranging between 0.77 and 0.84 for the three dimension scores). **CONCLUSIONS:** Patient-perspective is a relevant approach in the assessment of the

psychometric properties of the patient-oriented health outcomes measures. The performance and adequacy of different patient-perspective criteria can conduct to different conclusions concerning specific psychometric properties.

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THE PATIENT-REPORTED OUTCOMES MEASUREMENT INFORMATION SYSTEM CANCER PAIN ITEM BANK (PROMIS-CA PAIN)

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OBJECTIVES: Among patients with cancer and other diseases, pain is a common experience that can negatively impact daily living. It is unclear whether pain experiences and their impact are diagnosis-specific or shared across conditions. We examined whether the United States general population-based PROMIS Pain Impact item bank can be used for measuring cancer pain, and the relationship between pain experience and pain impact. **METHODS:** PROMIS Pain Impact items included in field testing with oncology populations were selected through expert consensus. Multidisciplinary clinical input was obtained to ensure content coverage and the relevance of PROMIS pain items to cancer. Items' psychometric properties were reviewed when applicable. As a result, PROMIS-Ca Pain Impact consisted of 36 items across 3 areas: physical, emotion and social. The sample included 529 cancer patients (74% female, 82% White, mean age = 56). Analyses included item scalability (item-scale correlation >0.3), unidimensionality (exploratory and confirmatory factor analysis, and multidimensional scaling), and IRT model fit (S^2-G^2 & S^2-X^2). **RESULTS:** All 36 PROMIS-Ca Pain Impact items met preset analysis criteria to form a unidimensional item bank. Additional analyses showed that scores from Pain Impact were significantly correlated with Pain Quality items assessing pain intensity ($r = 0.56$), frequency ($r = 0.58$) and duration ($r = 0.64$), and could significantly differentiate patients with different degrees of neuropathic pain, $F(4527) = 37.4$, $p < 0.0001$, emotional distress as measured by two items $F(4472) = 122.53$, $p < 0.001$, and $F(4453) = 74.94$, $p < 0.001$. Similar results were found regardless of whether patients based their responses on their "worst" or "least" pain experience. **CONCLUSIONS:** PROMIS-Ca Pain is a psychometrically-sound and clinically meaningful measure for cancer patients. It is correlated with patients' pain experience. Our next step is to examine whether the same conclusion can be made with other disease groups. Ultimately, a statistical cross-walk of pain scores could be created to enable the comparison of pain scores between disease groups.

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PATIENT PREFERENCES IN THE THERAPY OF MULTIPLE MYELOMA

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OBJECTIVES: Analyses of patients' preferences about their therapies are a prerequisite for shared decision making, but are still not widely performed. This study elaborates the importance of treatment aspects in the eyes of multiple myeloma (MM) patients using direct assessment and Discrete-Choice-Experiments (DCE). **METHODS:** After a literature review we conducted focus groups with 6–8 MM patients to collect the most important therapy aspects. Then, patients answered an online or paper-pencil questionnaire which asked for sociodemographic data, self-rated-health (SF12v2 variation) and patients' preferences about therapy. The latter were assessed using direct